

STATE EMPLOYEES' CREDIT UNION
AUTHORIZATION FOR DIRECT DEPOSIT

Date: _____

Social Security Number: _____

Share Account Number: _____

To: Payroll Officer

Department

____ Please accept this letter as authorization to release to State Employees' Credit Union, for deposit to my account, my **net salary check** each pay period beginning with the payroll ending: _____.

____ Please accept this letter as authorization to release to State Employees' Credit Union, for cancellation of my direct deposit account effective on _____.

Sincerely,

Signature

Print Name

Witness:

Signature

Direct Deposit to:

Checking Account # _____

Share Account # _____

Money Market # _____